UTAH DIGITAL HEALTH SERVICE COMMISSION

COVID-19
&
BEHAVIORAL HEALTH

SEPTEMBER 3, 2020

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UT PSYCHOLOGICAL ASSN

HIGHLIGHT & REVIEW

- Scope of COVID-19 impact on behavioral health
- Telepsychology / Teletherapy
- Effective & ethical practice
- Future Issues

CDC MMWR 8-14-2020

- **Mental Health, Substance Use, & Suicidal Ideation During the COVID-19 Pandemic—United States , June 24-30, 2020**
  - **CDC / Harvard Medical School / Melbourne AU / Qualtrics survey of 5,412 randomly selected American adults**
    - **compared report of anxiety & depression symptoms w/June, 2019**
    - **2020 survey: 26% - anxiety disorder; 24% - depressive disorder**
    - **2019 survey: 8% - anxiety disorder; 7% - depressive disorder**

CDC MMWR 8-14-2020

- 13% - started or increased substance abuse for coping
- 11% - seriously considered suicide in past 30 days
- 41% of Americans had some sort of behavioral health symptom
- Black people nearly 2x as likely to use or abuse substances or consider suicide
- Hispanics most affected by pandemic w/highest rate of symptoms, substance abuse & suicidal thoughts
- Young people 8x more likely to report symptoms

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions¶	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder†	Depressive disorder†	Anxiety or depressive disorder†	COVID-19–related TSRD§			
All respondents	**5,470 (100)**	**25.5**	**24.3**	**30.9**	**26.3**	**13.3**	**10.7**	**40.9**
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1
Race/Ethnicity								
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	23.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic**	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1
Unknown	50 (0.9)	38.0	34.0	44.0	34.0	18.0	26.0	48.0
2019 Household income (USD)								
<25,000	741 (13.6)	30.6	30.8	36.6	29.9	12.5	9.9	45.4
25,000–49,999	1,123 (20.5)	26.0	25.6	33.2	27.2	13.5	10.1	43.9
50,999–99,999	1,775 (32.5)	27.1	24.8	31.6	26.4	12.6	11.4	40.3
100,999–199,999	1,301 (23.8)	23.1	20.8	27.7	24.2	15.5	11.7	37.8
≥200,000	282 (5.2)	17.4	17.0	20.6	23.1	14.8	11.6	35.1
Unknown	247 (4.5)	19.6	23.1	27.2	24.9	6.2	3.9	41.5
Education								
Less than high school diploma	78 (1.4)	44.5	51.4	57.5	44.5	22.1	30.0	66.2
High school diploma	943 (17.2)	31.5	32.8	38.4	32.1	15.3	13.1	48.0
Some college	1,455 (26.6)	25.2	23.4	31.7	22.8	10.9	8.6	39.9
Bachelor's degree	1,888 (34.5)	24.7	22.5	28.7	26.4	14.2	10.7	40.6
Professional degree	1,074 (19.6)	20.9	19.5	25.4	24.5	12.6	10.0	35.2
Unknown	33 (0.6)	25.2	23.2	28.2	23.2	10.5	5.5	28.2
Employment status††								

TELEPSYCHOLOGY: PANDEMIC PIVOT

- Not new: 1959 U of Nebraska pilot telemedicine project w/mid-century video technology; expensive & impractical
- 1990's: established Internet & 2-way video platforms - DOD & VA developed sustainable larger scale telepsychology services
- Definition: "the provision of psychological services using telecommunication technologies"
  - interactive videoconferencing in real time = synchronous
  - e-mails, faxes, discussion forums = asynchronous

TELEPSYCHOLOGY: PANDEMIC PIVOT

- Transition to telepsychology: swift & immediate; sole option
- ApA survey: pre-pandemic 63.6% no use; pandemic 1.9% no use
- Dramatic increase in access to care, except for psychological testing, neuropsychological evals, forensic evals (competency, custody evals, etc), & bariatric evals - insurers refused to authorize
- Advantages to telepsychology
  - Avoiding unnecessary health risks
  - Time savings & less stress (45-60 min is actually 45-60 min)
  - Environmental benefits & cost savings (less fuel & greenhouse gas production)
  - More flexibility w/appointments

TELEPSYCHOLOGY: PANDEMIC PIVOT

- More privacy/anonymity: no encountering someone in waiting room; less stigma
- More flexibility in choosing clinician: no distance deterrent
- Easier to involve family members & significant others in treatment
- More naturalistic exposure therapy
- Increased ability to gauge ADLs
- Elimination of transportation issues

TELEPSYCHOLOGY: BEST PRACTICES

- Research on telepsychology began around 1960: documented effectiveness w/veterans treated remotely, w/range of age groups, & w/treatment of PTSD, OCD, depression, anxiety, substance abuse, & eating disorders & other problems in children & adolescents
- Shows higher retention rates
- Equivalent outcomes w/in person tx; effects slightly longer lasting w/in person, but more drop outs w/in person (CBT w/MDD)
- Non-synchronous platforms problematic (Talkspace); no info on pt location, confidentiality, no audio or visual cues; no robust research

TELEPSYCHOLOGY: BEST PRACTICES

- **“It’s as if the entire workforce was trained to drive automobiles and switched to 18-wheelers overnight. You may understand the rules of the road, but you don’t know how that applies to the technology you’re now using.”**
- **Clinicians have to master technology, incl how to troubleshoot quality & connectivity issues; adjust workflow & ergonomic set up; plus navigate psychotherapeutic process w/different cues**
- **Also need supplemental training re: compliance w/legal & ethical obligations when engaging in telepsychology + knowledge of federal & state rules on interjurisdictional practice**

TELEPSYCHOLOGY: BEST PRACTICES

- 2011: American Psychological Association (APA), Association of State & Provincial Psychology Boards (ASPPB) & The Trust (a leading provider of professional liability insurance & founded by Psychologists) formed the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists
- Guidelines were passed by the APA Council of Representatives in 2013
- ASPPB then moved forward to create the Psychology Interjurisdictional Compact, PSYPACT.
  - 13 states have enacted PSYPACT
  - UT was second state (after AZ) to enact PSYPACT (3.17.2017)
  - PSYPACT will take effect in 2 add'l states in 2021; 12 states & DC have pending legislation

TELEPSYCHOLOGY: BEST PRACTICES

- Acquiring the credential to practice interjurisdictionally under PSYPACT requires annual renewal as well as annual continuing education explicit to telepsychology practice
- Psychology resources also include Telepsychology Practice: Primer & First Steps which defines a knowledge base & skill set, incl
  - Competence
  - Standards of Care
  - Informed Consent & Confidentiality
  - HIPAA, Hardware Disposal, Software Removal/Disposal

TELEPSYCHOLOGY: POST-PANDEMIC

- Significant questions swirl around effect of expiration of states of emergency on federal agencies, state governments, & private insurers
  - Reversion to pre-pandemic policies?
  - Withdrawal of reimbursement for telepsychology?
  - Current CMS-1500 claim does not allow for office-free provider
  - Reimbursement for interjurisdictional practice?

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